



Ufficio Rapporti Internazionali

E.D.D.N.

European Disaster Disability Network

1. PROFILE POTENTIAL MEMBER

Organisation name _____

Address _____

Postal code _____ City _____ Country _____

Website _____

Contact person: [] Mr [] Ms

Name _____ Surname _____

Position/role _____ E-mail address _____

Telephone n. _____ Fax n. _____

2. JOIN THE NETWORK

I wish to be a member of the E.D.D.N. Network YES [] NO []

I wish to receive a periodical newsletter YES [] NO []

I am interested in participating in online forum
that may be organized YES [] NO []

I agree to my name and contacts details
appearing on the E.D.D.N. website YES [] NO []

Date _____ Signature _____

3. SIGNATURE TREATMENT OF DATA

According to the Italian law 196/2003 and EC regulation Directive 95/46/EC, I freely give my consent to Ulss 20 Verona as entrusted organisation for the management hub of the network for the treatment of the personal data for any purpose strictly connected with activities of the network within the legislative, statutory and contractual provisions of both the Italian and the EC framework.

Date _____ Signature _____

Please return by fax to: (+39) 045 807 6044

Contact person: Paola Paon (ppaon@ulss20.verona.it), tel. (+39) 045 807 6038



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